

**California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form  
Statewide, County and Hospital of Occurrence by Infant Race/Ethnicity: 2004**

	State/County/Facility Name	Infant Race/Ethnicity	Total Known Feeding	Any Breastfeeding	Exclusive Breastfeeding	% Any Breastfeeding	% Exclusive Breastfeeding
State	CALIFORNIA	African-American	26,141	18,314	7,981	70.1	30.5
State	CALIFORNIA	American Indian	542	415	249	76.6	45.9
State	CALIFORNIA	Asian	43,553	36,557	17,422	83.9	40.0
State	CALIFORNIA	Hispanic	270,248	225,842	78,303	83.6	29.0
State	CALIFORNIA	Multi-Race/Other	31,438	26,345	16,127	83.8	51.3
State	CALIFORNIA	Pacific Islander	788	538	216	68.3	27.4
State	CALIFORNIA	White	144,335	125,905	89,126	87.2	61.8
State	CALIFORNIA	Missing	4,514	3,537	2,014	78.4	44.6
State	CALIFORNIA	<b>TOTAL</b>	521,559	437,453	211,438	83.9	40.5
County	BUTTE	Asian	69	35	14	50.7	*
County	BUTTE	Hispanic	676	602	337	89.1	49.9
County	BUTTE	Multi-Race/Other	155	116	88	74.8	56.8
County	BUTTE	White	1,684	1,518	1,274	90.1	75.7
County	BUTTE	Missing	41	32	27	78.1	65.9
County	BUTTE	<b>TOTAL</b>	2,660	2,331	1,759	87.6	66.1
Facility	ENLOE MEDICAL CENTER	Asian	29	20	10	69.0	*
Facility	ENLOE MEDICAL CENTER	Hispanic	477	433	243	90.8	50.9
Facility	ENLOE MEDICAL CENTER	Multi-Race/Other	98	70	55	71.4	56.1
Facility	ENLOE MEDICAL CENTER	White	852	782	633	91.8	74.3
Facility	ENLOE MEDICAL CENTER	<b>TOTAL</b>	1,483	1,327	956	89.5	64.5
Facility	FEATHER RIVER HOSPITAL	Hispanic	46	45	42	97.8	91.3
Facility	FEATHER RIVER HOSPITAL	White	513	490	468	95.5	91.2
Facility	FEATHER RIVER HOSPITAL	<b>TOTAL</b>	596	570	544	95.6	91.3
Facility	OROVILLE HOSPITAL	Asian	37	12	*	*	*
Facility	OROVILLE HOSPITAL	Hispanic	153	124	52	81.1	34.0
Facility	OROVILLE HOSPITAL	Multi-Race/Other	34	24	12	70.6	*
Facility	OROVILLE HOSPITAL	White	314	241	168	76.8	53.5
Facility	OROVILLE HOSPITAL	Missing	26	19	15	*	*
Facility	OROVILLE HOSPITAL	<b>TOTAL</b>	576	429	254	74.5	44.1

Data Source: Genetic Disease Branch, Newborn Screening Data, 2004

Note 1: Data shown only for facilities listed as 'Regular Maternity', 'Kaiser', 'Alternative Birth Center', 'Pediatric', and 'Military' in the newborn screening database.

Note 2: Infant race/ethnicity is based upon mother and father race/ethnicity as recorded on the birth certificate.

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- Note 3: Data for facilities and counties with fewer than 25 total births with known type of feeding are not shown.
- Note 4: Percents of any and exclusive breastfeeding are not shown for fewer than 20 events.
- Note 5: Numbers of any and exclusive breastfeeding are not shown for fewer than 5 events.
- Note 6: "Any Breastfeeding" includes those exclusively breastfeeding and those supplementing breastfeeding with formula. "Exclusive Breastfeeding" includes those who breastfeed only.
- Note 7: Breastfeeding initiation rates vary widely by maternal characteristics. Data presented in these tables are not risk adjusted. Comparisons between facilities or among geographic locations should be made cautiously.
- Note 8: The data used to develop these tables are from the California Newborn Screening Program database of the Genetic Disease Branch. All nonmilitary hospitals are required to complete the Newborn Screening Test Form (DHS 4409) prior to an infant's discharge. Upon completing the form, staff must select one of the following five categories describing 'all feedings since birth' (not including water feedings): (1) Breast only; (2) Formula only; (3) Breast and Formula; (4) TPN/Hypereal and (5) Other.
- Note 9: The denominator used to compute the percent any and percent exclusive breastfeeding data is "Total Known Feeding". Births with missing or unknown method of feeding are excluded. In 2004, 2.78% of all births in California had missing or unknown feeding data.